

and fearful victims came to the notice of you health authorities. For instance, four members of my own household were bitten by dogs last year, but we deemed it no business of the authorities. But I judge rather from my own experience when I was in general practice. Dog bites were a common minor emergency, but seldom was a case brought to the attention of the health department. I think that is the usual practice of physicians everywhere.

But I do appreciate the tolerant spirit you have shown, Doctor Pomeroy, and I'd like to call and get well enough acquainted with you so that we may call each other names of we like, without getting miffed over it. You never can tell, I may be like the mule the veterinarian cured in spite of the animal's lack of faith.

Yours sincerely,

(Signed) WILLIAM BRADY.

Subject of Following Letter: Proposed Protection of Milk and Milk Products Through a New System of State Inspection.

To the Editor:—At the recent meeting of the Health Officers' Section of the California League of Municipalities at San Diego, California, a resolution was adopted, whereby the Health Officers' Section went on record opposing the taking over by any department of the dairy and milk inspection program which for so many years has been a part of the public health program. This resolution, copy of which is enclosed, was later adopted by the California League of Municipalities as a whole.

Both as a health officer, and as a taxpayer, and as a physician, and as a member of the California Medical Association, I wish to register my protest against the plan of Dr. J. J. King, which he has recently submitted and transmitted to all parts of the state. I am, therefore, respectfully calling this matter to the attention of the California Medical Association and trust that its officers will take proper action if it becomes necessary to protect the health departments should any attempt be made to weaken the public health program by the transfer of milk inspection work to other agencies.

The health departments and the medical societies throughout the country have been largely instrumental, and particularly so in California, in raising the standards of market milk to its present high plane. Likewise, health officers and the members of the medical profession have done everything in their power to increase the consumption of milk because of the value of milk as a food. The dairy industry indeed owes these men and women a debt of gratitude for their support in the years gone by.

Health departments and public health work must be kept out of politics. The protection of the public health is more important to our citizenry during the present economic crisis than in any other time in our history. The relationship of milk to health and disease has been quite conclusively demonstrated, and it seems quite clear that milk and dairy inspection is, and should continue to be, essentially a function of public health departments as it has been for many years past.

Very truly yours,

The resolution referred to above follows:

WHEREAS, A plan has been recommended which would remove milk inspection from the jurisdiction of local health departments; and

WHEREAS, The present high standard of the California market milk supply has been attained largely through the efforts of local health officers; and

WHEREAS, It is recognized that milk control is one of the paramount activities of a public health program; now therefore be it

Resolved, That the Health Officers' Section of the California League of Municipalities in regular session assembled, do vigorously oppose any plan whereby all or any part of the milk inspection service shall be removed from the jurisdiction of such health departments.

The King plan as explained in a bulletin, reads thus:

State of California
Department of Agriculture
Sacramento
Dudley Moulton, Director

August 31, 1932.

Proposed Plan for Uniform Dairy and Bovine Tuberculosis Control

Dr. Joseph J. King
Chief, Division of Animal Industry

The plan that I am proposing has to do with regulatory and service functions performed by the state and various municipalities and counties for the dairy industry of California, including the control and eradication of infectious diseases, particularly tuberculosis of dairy cattle.

Under existing conditions dairy inspection systems are maintained by the state and many municipalities and counties, and in the conduct of these functions by these separate and independently conducted governmental agencies much duplication of effort and overlapping of functions are involved. Such a condition not only is wasteful but tends to create resentment and resistance in the industry. This costly and impractical situation can and should be changed so that a uniform dairy inspection system may be provided throughout the state, under the control of only one official agency.

The present plan of tuberculin testing in California does not provide for participation in indemnity payments by all dairymen when reactors to tuberculin test are found in their herds. To overcome such a situation bovine tuberculosis control work and indemnity should be made state-wide and uniform.

To remedy this situation, and also to increase the efficiency of these activities at a huge saving in appropriations, the following plan is proposed:

1. Place expense of dairy inspection and bovine tuberculosis control on a self-supporting basis by licensing owners of dairy cattle at the rate of \$1 a head per annum for this regulatory service.

2. Eliminate cities and counties from the field of dairy farm inspection and place this function under the direct control of the State Department of Agriculture. (Cities and counties to continue maintaining their laboratories.)

3. All tuberculin testing of dairy cattle throughout California to be conducted free by the state. Under such a plan the private practicing veterinarian would be employed and paid by the state to test dairy cattle in his immediate locality. This work would be conducted under the supervision of a veterinary inspector in the employ of the state who would also be responsible for the dairy inspection and analogous work in a county or group of counties, such as making appraisals and arranging for tests.

4. Increase of state's share of indemnity paid for reactors from one-third to two-thirds of appraised value, the other one-third to be paid by Federal Government. Indemnity to be paid out of funds created. This will give dairy men full value for reactor after salvage is deducted.

The taxing of dairy cattle as outlined, for the reasons set forth is estimated to furnish a sum in the neighborhood of \$800,000 per annum.

This sum will more than take care of state-wide dairy inspection, general disease control, and tuberculin testing and payment of indemnities. This would mean the elimination of large appropriations for dairy farm inspection work by the cities and counties, and also nearly place the Division of Animal Industry on a self-supporting basis.

It would also provide against interruption in the tuberculosis control program inasmuch as there would be an assurance that funds for this purpose would be available at all times.

It should be understood that the most costly part of the tuberculosis control program is during the first three years when the most reactors will be found and most funds will be required to pay indemnities. After this period the cost of control should decrease and under such circumstances the tax may be decreased or a fund may be set up with unexpended surplus to be used for the benefit of the dairy industry; such as promotional and educational work for the sale of dairy products.

To further benefit the dairy industry of California, a fee of \$2.50 a head to be charged on all imported dairy cattle for inspection.

This plan will give the dairy industry of California a standard that has no equal in any part of the nation.

It will also give the industry the cheapest kind of insurance; less than one-third of a cent a day a cow and insure a fund for combating infectious diseases.

The state will absorb as many city and county dairy farm inspectors as possible. This can be done by the saving in travel expense by state men who will be located in each county, thus eliminating the existing heavy travel expense.

It is estimated this will save the state, cities, and counties approximately \$2,000,000 in taxes yearly.

This plan will include all types of dairies, such as those producing market milk and cream and manufacturing milk and cream.

Let us all forget about love when there is work to be done and we will all be out of the trenches by the end of the next legislature.

Comment on the above plan, from a disinterested source, sent to the editor at the latter's request, is given below. The proper protection of milk and milk products is of great importance to the people of California. The legislature will convene on January 3. On that account the editor prints this information:

The plan originally conceived by Dr. J. J. King was essentially as follows:

The owners of cattle to pay into the state treasury a fee of \$1 per cow per annum. The accumulated sum of approximately \$800,000 to be used for tuberculosis control work throughout the state; part of the money to be used for compensation for the animals which were to be killed; the remainder to be used for promotion work which would increase the sale and consumption of milk and dairy products. Naturally, increased inspection through state officials, etc., was also contemplated. I heard the other day indirectly through the Dairy Council that this proposition is already killed. It was an idea conceived in the Department of Agriculture without consulting anybody. Personally, I feel that the letter by Doctor _____ and the resolution should be published in the Journal. I enclose a copy of Doctor King's plan.

Sincerely yours,

MEDICO-LEGAL *

Osteomyelitis Attributed to Extraction of Tooth

Roberts, the plaintiff, had been suffering from toothache for a day or two. The gum surrounding the tooth was swollen, much inflamed, and extremely sore. He sought relief at the office of one E. R. Parker, otherwise known as Painless Parker. There a Doctor Baer examined the tooth and, without taking a roentgenogram to determine the cause of the inflammation and swelling, injected procain with a hypodermic needle into the inflamed and swollen gum, in two places on each side of the jawbone, and extracted the tooth. The patient grew rapidly worse notwithstanding his visits from day to day to Parker's office. On the sixth day after the extraction he consulted other dentists and oral surgeons. They sent him to a hospital, where a diagnosis of osteomyelitis of the jawbone was made and he was operated on. At the expiration of a week, he was transferred to another hospital, where he remained for thirty-six days and was subjected to two more operations. In the end he recovered, but he had lost all sense of feeling in the region of the right lower jaw, and such teeth as remained on that side were loosened. He thereupon brought suit against Parker and another, and from a judgment in his favor, the defendants appealed to the District Court of Appeal, first district, division one, California.

There was ample expert testimony, said the district court, to prove that inflammation, swelling and pain in the gums are definite symptoms of infection, and that where such conditions exist the dental profession considers it dangerous to inject an anesthetic into the gum with a needle and to extract a tooth, without first making a roentgenogram to determine the cause and extent of the infection and without first taking steps to reduce such infection as is present. The injection of a local anesthetic blindly at the base of an infected tooth is likely to scatter the infection, which, if carried into the blood stream, will produce osteomyelitis of the jaw bone. In view of the swollen, highly inflamed and extremely sore condition of the patient's gum in the vicinity of the aching tooth when he first visited the office of the dentist defendants, and of the serious effects that followed the removal of the tooth, the jury was justified in concluding as it did that the attending dentist did not exercise reasonable skill and diligence and that his failure so to do was the direct cause of the acute condition that followed the extraction. The dentist defendants contended, however, that regardless of their alleged failure to exercise reasonable skill and care, the injection of the anesthetic and the extraction of the tooth had nothing to do with the causation of the osteomyelitis. . . .

Commenting on the contention that there was a possibility that the osteomyelitis of the jawbone had

developed from some cause other than the dentist defendants' failure to use reasonable precautions and ordinary care, the court pointed out that because of the subtleness of the origin and development of osteomyelitis it was not necessary that the evidence should demonstrate conclusively and beyond the possibility of a doubt that the injury of which the plaintiff complained was the result of negligence. If that were the rule, said the court, it would never be possible to recover in a case of negligence in the practice of a profession which is not an exact science. If in spite of testimony tending to show a different origin of a disease there is testimony to sustain an opposite conclusion which has been reached by the jury, the verdict of the jury must be sustained.

The judgment of the trial court in favor of the plaintiff was affirmed.—*Roberts v. Parker (Calif.)*, 8 P. (2d) 908.

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Dental Practice Acts—Aiding and Abetting an Unlicensed Practitioner

The Dental Practice Act of California authorizes the revocation of a dentist's license if he aids or abets an unlicensed person to practice dentistry unlawfully. A complaint was duly filed before the Board of Dental Examiners of California, charging that a licensed dentist, Bley, "permitted one R. F. Morrison to have the use of a certain dental office . . . and to have the use of certain dental instruments and paraphernalia therein contained, for the purpose of practicing dentistry," and that by said acts Bley "aided and abetted the said R. F. Morrison, an unlicensed person, to practice dentistry unlawfully." Bley obtained from the Superior Court of San Joaquin County a writ of prohibition that prevented the board from proceeding under the complaint. The board thereupon appealed to the District Court of Appeal, third district, California. We think, said the Appellate Court, that the accusation is fatally defective in the following particulars: First, there is no allegation that Bley owned or had any control of the dental office or equipment referred to. Second, there is no allegation that Bley owned or had leased the building or premises wherein the dental offices and equipment were located. Third, there is no allegation that Bley knew or had any information that Morrison was an unlicensed dentist. The Board of Dental Examiners contended that a complaint of unprofessional conduct is sufficient if it is in the language of the Dental Practice Act, but nowhere in the statute, said the court, is to be found the word "permitted." If the word "permitted" had been left out and the accusation had charged that Bley had aided and abetted Morrison to practice dentistry unlawfully, then a violation of the Dental Practice Act might have been stated. The Board of Dental Examiners laid great stress on the fact that Bley did not object to the sufficiency of the complaint before the board. This contention was held to be without merit, however, since a complaint, in its statements of facts, must be sufficient to show unprofessional conduct or it will not give the board power or jurisdiction. The judgment of the Superior Court prohibiting the board from proceeding under the complaint was affirmed.—*Bley v. Board of Dental Examiners of State of California (Calif.)*, 7 P. (2d) 1053.

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Malpractice—Infection Following Childbirth

There can be no doubt, said the District Court of Appeal, first district, division one, California, that it requires no expert testimony to prove actionable negligence on the part of a physician who performs a rectal and vaginal examination with unsterilized hands, if it is shown that an infection proximately results therefrom. But where the only evidence of infection is that an examination made two months after the delivery disclosed a tear in the uterus, which was infected, and the examining physician fails to testify as to the probable or possible source of the infection, or as to the length of time it may have existed, a finding that the infection resulted from the plaintiff being examined, prior to delivery, by a physician who neg-

* These abstracts of three California cases are reprinted from the Journal of the American Medical Association, Vol. 99, No. 18.